

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000038926

Entity Name: AXCSS CONSULTING, LLC

Current Principal Place of Business:

15580 NE 17TH PL
WILLISTON, FL 32696

Current Mailing Address:

PO BOX 514
WILLISTON, FL 32696 US

FEI Number: 81-1569179

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, MARY J
15580 NE 17TH PLACE
WILLISTON, FL 32696 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name WILSON, MARY J
Address PO BOX 514
City-State-Zip: WILLISTON FL 32696

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY JOYCE WILSON

MANAGER

04/27/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date